

## HCPA FALLS MULTIFACTORIAL RISK ASSESSMENT (Nov 2021)

NAME:

DOB:

RISK	Tick	Suggested Risk Reduction Strategies	Risk Reduction Strategies implemented and added to care plan (Include advice given by GP, Physiotherapist/OT or other specialist)	When and by whom?
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<b>Intrinsic Factors</b>					
1. History of falls (number in last year)	Yes	Check history Provide relevant oral and written information about individual risk factors  Check staff have attended HCPA's training courses for Falls Prevention and Intervention		Date	
	No			Signed	
	N/A				
2. Recent history of falls (in last month) plus causes and consequences	Yes	Check falls diary/ incident reports Check care plan Establish possible causes and patterns		Date	
	No			Signed	
	N/A				
3. Fear of falling	Yes	Use Falls Efficacy Scale (FES-I) to assessment to establish fear of falling		Date	
	No			Signed	
	N/A				
4. Frailty	Yes	Use PRISMA7, Gait Speed Test and/or Timed Up and Go Test to assess for frailty Or refer to a clinician (GP or Physiotherapist) for a Clinical Frailty Scale (Rockwood) Assessment		Date	
	No			Signed	
	N/A				
5. Known cognitive impairment	Yes	Use strategies known to help the individual understand instructions Check for signs of acute illness as well Ensure Deprivation of Liberty Safeguards (DOLS) are in place where necessary, to ensure any restraint used is the least restrictive option		Date	
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	N/A				

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6. New confusion/delirium e.g. due to dehydration or acute infection (UTI/Chest infection/wound infection)	Yes	Use NEWS2 and RESTORE2 to establish acute illness and take appropriate action according to NEWS2 and HERTS escalation pathway Send urine for analysis Ensure plenty of fluids are taken Refer to SALT/999 if problems with fluid intake Referral to GP/Community Mental Health Team (CMHT) for diagnosis if new onset, but not acute illness		Date
	No			Signed
	N/A			
7. Continence problems	Yes	Practice mobility often. Ensure call bells are within reach and check that the individual has used the toilet if needed before mobility practice		Date
	No			Signed
	N/A			
8. Health problems that affect falls risk (e.g. Parkinson's Disease, History of Stroke, Diabetes, Osteoarthritis or Rheumatoid Arthritis, Peripheral Arterial Disease, COPD (Chronic Obstructive Pulmonary Disease), Inner ear problems (infections, Vertigo, Ménière's Disease) etc	Yes	Refer to Physiotherapist for assessment and advice as appropriate Ensure staff are familiar with conditions and how individuals may present and are aware that there may be an added falls risk. Ensure vigilance and that good verbal cues are given E.g., for numbness in feet		Date
	No			Signed
	N/A			
	Yes	Give time in standing, walk on spot before mobilising. Have 2-3 staff with wheelchair/to		Date
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9. Syncope syndrome (fainting, blackouts, postural hypotension)	N/A	<p>move chair behind in case service user moves forward from the chair Ensure the person is hydrated before standing up Take lying and standing BP</p> <p>Ensure staff are up to date with Moving and Handling training, which includes 'supporting a falling person to the floor' and 'assisting a person to get up from the floor'</p>		
10. Medication - Polypharmacy, or the use of psychoactive drugs (such as benzodiazepines) or drugs that can cause postural hypotension (such as anti-hypertensive drugs, Parkinson's medication etc)	Yes	<p>Check individual's medications against HCPA Medication resource for side effects Consider especially any new medications Refer for medication review with modification or withdrawal– GP, Community Mental Health Team (CMHT)</p>		Date
	No			Signed
	N/A			
11. Mobility and/or balance problems or weakness	Yes	<p>Check mobility aid is safe and within reach Refer to Physiotherapy for mobility aid or if current one appears unsuitable (see also Risk Number 22) Seek advice from Physiotherapist or Occupational Therapist on strength testing in sitting if unable to straighten and bend lower limbs, or unable to use hands to grip to use a rollator frame Refer to HCPA resources (Stopfalls, 'Sit Less-Move More') for strength and balance exercises Refer to Physiotherapy/Community Falls team for assessment if needed</p>		Date
	No			Signed
	N/A			

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		Check staff have attended HCPA's training courses for Enabling Care, Chair-Based Exercises and Postural Stability Instructor			
12. Depression and/or anxiety	Yes	Screen for depression using the PHQ-2 (Patient Health Questionnaire – Depression-2) with appropriate onward referral ( <i>see NHS E&amp;N Herts Frailty Pathway</i> ) Screen for anxiety using GAD-2 (Generalised Anxiety Disorder Assessment-2) with appropriate onward referral ( <i>see NHS E&amp;N Herts Frailty Pathway</i> )		Date	
	No			Signed	
	N/A				
13. Alcohol/recreational drugs misuse	Yes	Is the individual free from the influence of alcohol/other recreational drugs that may put them at risk of falling? Consider Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS) if appropriate		Date	
	No			Signed	
	N/A				
14. Visual impairment	Yes	Check glasses correct, on, and clean Refer to optician for vision assessment		Date	
	No			Signed	
	N/A				
15. Hearing impairment	Yes	Check hearing aid in and working Demonstrate and ensure understanding prior to undertaking tasks which may involve a risk of falling Check staff have attended a training course for people with a hearing impairment where needed		Date	
	No			Signed	
	N/A				
16. Osteoporosis (increases fracture risk)	Yes	Check history Refer for bone density assessment (bone scan) if needed.		Date	
	No			Signed	
	N/A				

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		Ensure Calcium/Vitamin D is prescribed (awaiting CCG guidance)		
17. Malnutrition	Yes	Check and update weight Assess for malnutrition using the MUST tool Refer to the Dietician/SALT/GP/Emergency services/Prevention of Admission services as appropriate		Date
	No			Signed
	N/A			
18. Weakness – new onset or recent deterioration	Yes	Seek advice from Physiotherapist or Occupational Therapist on strength testing in sitting if unable to straighten and bend lower limbs or unable to use hands to grip to use a rollator frame Refer to GP/Emergency services/Prevention of Admission services/Physiotherapist as appropriate especially if sudden onset		Date
	No			Signed
	N/A			
19. Pressure sores	Yes	Carry out and document an assessment of pressure ulcer risk for individuals if they have a risk factor, using validated scale to support clinical judgement (for example, the Braden scale, the Waterlow score, or the Norton risk-assessment scale Reassess pressure ulcer risk if there is a change in clinical status (for example, after surgery, on worsening of an underlying condition or with a change in mobility) Ensure bodymap and care plan is updated Ensure the individual is checked for pressure areas that may cause unsteadiness in steadiness (e.g. on the feet) or pain, which may also increase risk of falling.		Date
	No			Signed
	N/A			

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		Use RESTORE2 and NEWS2 to assess for infection and refer to the GP/Tissue Viability Nurse (TVN)/Emergency services/Prevention of Admission services as appropriate		
<b>Extrinsic Factors</b>				
20. Footwear that is unsuitable or missing	Yes	Check shoes/slippers for safety and suitability Check who is responsible for purchasing new ones and ensure this is followed up immediately		Date
	No			Signed
	N/A			
21. Home hazards, such as loose rugs or mats, poor lighting, wet surfaces (especially in the bathroom), and loose fittings (such as handrails)	Yes	Hazard assessment and intervention: Check the area is free of obstacles/trip hazards, the floor is free of spillages and all fixtures are safe. Ensure night lighting is adequate		Date
	No			Signed
	N/A			
22. Mobility aids	Yes	Check mobility aid is safe and within reach Refer to Physiotherapy for mobility aid or if current one is broken, or appears unsuitable or unsafe If, as a last resort, measures such as removing a person's frame, (or indeed <i>any</i> measure that may restrict a person's mobility), are considered, this <b>MUST</b> be accompanied by a separate risk assessment and a DoLS (Deprivation of Liberty Safeguard) <b>MUST</b> be applied for		Date
	No			Signed
	N/A			
23. Pendant alarm/call bell	Yes	Check this is within reach and that the person can use it		Date
	No			Signed

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	N/A				
24. Sensor mats	Yes	Ensure these are in place if appropriate for the individual and that they are working, and effective  Ensure sensor mat itself is not causing further risk by being a trip hazard or an obstacle		Date	
	No			Signed	
	N/A				
25. Bedrails and bed height	Yes	Ensure bedrails are <u>only</u> used in line with latest guidance and local policy  Ensure bed height is in line with latest guidance and local policy and that low profiling beds are used wherever possible  Ensure the correct measures are in place regarding Mental Capacity and Consent/Best Interests and Liberty Protection Safeguards		Date	
	No			Signed	
	N/A				
26. Positioning in chair	Yes	Check there is a one-way glide sheet in place if needed to prevent slipping from the chair  Check the individual's pelvis is positioned evenly and to the back of the chair  Reposition and check for pressure areas regularly if the individual is unable to move themselves  Check staff have attended HCPA's training courses for Enabling Care, Chair-Based Exercises and Postural Stability Instructor		Date	
	No			Signed	
	N/A				
<b>General Considerations</b>					
27. Is the person mobilising for the first time after an episode of acute illness, for example after being discharged from hospital?	Yes	If the individual has not been weightbearing for 6 weeks or more, check with GP that it is safe for the person to attempt mobilising. If the person has not been weightbearing for 12 weeks, refer for assessment of bone density due to the increased risk of fractures.		Date	
	No			Signed	
	N/A				

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		Think 'Safety': Minimise risk Practise Sit to Stand first, before mobilising. Ensure staff and equipment in correct position Ensure there is a wheelchair and walking aid <i>plus</i> 3 staff, 1 either side and 1 for wheelchair behind. Refer to Physiotherapy if needed		
28. Is NOW the best time of day for the individual?	Yes	If the individual's ability to mobilise fluctuates throughout the day, pick a time when they are likely to be at their best  If there are times of the day where there are likely to be more distractions/obstacles, pick a time when these are minimised  Ensure any patterns in the person's ability are documented and handed over to other staff		Date
	No			Signed
	N/A			
29. Sedentary behaviour	Yes	Use the Bed Prevention tool to ensure every effort is made to reduce the risk of an individual being in bed  Practice sit to stand regularly Encourage independence, mobility and exercise Seek advice from Physiotherapist or Occupational Therapist on strength testing in sitting if unable to straighten and bend lower limbs or unable to use hands to grip to use a rollator frame  Refer to HCPA resources (Stopfalls, 'Sit Less-Move More') for strength and balance exercises		Date
	No			Signed
	N/A			



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		Refer to Physiotherapy/Community Falls team for assessment if needed Check staff have attended HCPA's training courses for Enabling Care, Chair-Based Exercises and Postural Stability Instructor		
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***Specific Considerations for individuals on a NON-WEIGHTBEARING PATHWAY***

30. Are there signs that the individual feels unwell?	Yes	Check for infection – Use RESTORE2 and NEWS2 and take appropriate action according to NEWS2 and HERTS escalation pathway		Date	
	No			Signed	
	N/A				
31. Are there signs of local/systemic infection?	Yes	Check wound for exudate, swelling, unpleasant odour Check limb for discolouration Check for infection – Use RESTORE2 and NEWS2 and take appropriate action according to NEWS2 and HERTS escalation pathway Refer back to the Intermediate Care Team or other referring team, or to the GP/Tissue Viability Nurse (TVN)/Emergency services/Prevention of Admission services as appropriate		Date	
	No			Signed	
	N/A				
32. Is there bleeding?	Yes			Date	

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	No	Follow your local First Aid guidelines and refer to Emergency services/Prevention of Admission services as appropriate		Signed	
	N/A				
33. Are there signs that the individual is in pain?	Yes	Refer back to the Intermediate Care Team or other referring team, or to the GP for pain relief if necessary		Date	
	No				
	N/A				
34. Are there signs of a DVT/fat embolism?	Yes	Use RESTORE2 and NEWS2 and take appropriate action according to NEWS2 and HERTS escalation pathway		Date	
	No				
	N/A				